

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39402

Do not use this space.

10389

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis,

Registration District No. 791
Primary Registration District No. 1008.1

(d) Street No. City Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. 11192

Marie Lock

2. PRINT FULL NAME

(a) Residence, No. 1423 Hebert St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Lock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
35 52 8 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hvk
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Fredrick H. Germann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Beatha Littich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Nov. 10th 1937

19. FUNERAL DIRECTOR (ADDRESS) Wrehmann & Son
1905 Union Blvd.

20. Nov 9 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/37, 19

22. 10/30/37 I HEREBY CERTIFY, That I attended deceased from 11/8/37, 19

I last saw h. her die on 11/8/37, 19. Death is said

to have occurred on the date stated above, at 8.45 p

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic
Heart Disease

Other contributory causes of importance: 95

Name of operation Date of 23.

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. J. Jamison M. D.

(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)